

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## Maine Emili **EXECUTIVE EMPLOYEES**

2010 STATEMENT OF SOURCES OF INCOME (5 M.R.S.A. § 19)

Covering the calendar year January 1, 2010 through December 31, 2010.

Please file this statement with the Maine Ethics Commission no later than 5:00 p.m. on April 15, 2011. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations. Please keep a copy of this form for your records.

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NAME AND	CONTACT INFORMATION	
Name Law Gundosky	Title Lie	Eb2
Department/Agency/Bureau/Division  Severy	Work Phon	287-8289
Mailing Address City ZIP  8 House Station Hallo	well ME 04347	
PART1.∗INCOME DERIV	ED FROM EMPLOYMENT BY ANO	THER
List the name and address of each employer from whom y economic activity of each employer.	you received compensation of \$1,000 o	r more. Specify the principal type of
None		
Name of Employer	Address	Principal Type of Economic Activity of Employer
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PART 2. INCOME DERIVED FR	OM SELF-EMPLOYMENT OR LAW	PRACTICE
A. List the name and address of your business or law firm, it derived income. If associated with a partnership, firm, profess activity or practice of that entity.	f any, and list the major areas of econor ssional association, or similar business e	mic activity or practice from which you entity, list the major areas of economic
None		а постоя на надавиления и постоя постоя на постоя
Name and Address of Business Entity or Law Firm	Major Areas of Economic Activity/ Practice (self)	Major Areas of Economic Activity/ Practice (partnership, association, firm or similar business entity)
Name:		
Address:		
Name:		
Address:		

PART 2 (continued). INCOME E	DERIVED FROM SELF-E	MPLOYMENT
B. List each source of income derived from self-employment or p whichever is greater, and specify the principal type of economic ac form of disclosure is prohibited by law, rule, or an established of activity of the entity or person from whom the income was derived.	ctivity of the entity or person code of professional ethics,	specify only the principal type of economic
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
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Address:		
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Name:		
Address:		
PART 3, OTHER	SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1 obox.		lude gifts or honoraria. If none, check the
None	ethele on the transfer of the section of the sectio	The state of the s
Name and Address of Source		Kind of Income (investments, leases, etc.)
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Address:		
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Name:		
Address:		:
Name:	n Nadard NAS Complete	*
Address:		
PART 4. REPO	RTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 o areas of economic activity of each creditor. Do not list credit camade as campaign contributions, or business loans from regulated	rd liabilities, or educational	loans, loans from a relative, loans that were
None		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address:		
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Name:		
Address:		
PART 5. RE	PORTABLE GIFTS	
List the specific source of gifts received during the reporting period	d with an aggregate value of	more than \$300. If none, check the box.
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None	or speeches related to your official capacity or duties. If none, check the	box.
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Name of Source of Honoraria	Name of Source of Honoraria	essentensseries en executados.
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Σ.	4.	
PART 7. REPRESEN	TATION BEFORE STATE AGENCIES	- 2 2 3 3 4
ist each executive branch agency before which you or	r a member of your immediate family represented or assisted ot r. Indicate whether you or a family member appeared before the ag-	
None		on estimated and the second
Name of Agency	Name of Agency	
1.	3.	
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PART 8. BUSIN	NESS WITH STATE AGENCIES	
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Name of Agency	Name of Agency	milantosa musu
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	4.	
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PART 9. INCOME RECEIVE	ED BY MEMBERS OF IMMEDIATE FAMILY	
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		ADDITIO	NAL INFORMAT	TION		
Please provid	le any additional informati	ion below (and on	additional sheet	s if needed). Indica	ite the part or section	on number for
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